

**STATE OF TENNESSEE
DEPARTMENT OF HEALTH**

IN THE MATTER OF:)	BEFORE THE TENNESSEE BOARD
)	OF MEDICAL EXAMINERS
DOUGLAS E. JONES, M.D.)	
RESPONDENT)	DOCKET NO. 17.18-149165A
)	
MEMPHIS, TENNESSEE)	
TENNESSEE LICENSE NO. 18524)	

AGREED ORDER

Comes now the Division of Health Related Boards of the Tennessee Department of Health (hereinafter "Department"), by and through the Office of General Counsel, and Respondent, Douglas E. Jones, M.D. (hereinafter "Respondent"), by and through counsel, and respectfully move the Tennessee Board of Medical Examiners (hereinafter "Board") for approval of this Agreed Order affecting Respondent's medical license in the State of Tennessee and resolving the pending matter before the Board.

The Board is responsible for the regulation and supervision of medical doctors licensed to practice in the State of Tennessee, as set for the Tennessee Medical Practice Act. Tenn. Code Ann. § 63-6-101, et seq. It is the policy of the Board to require strict compliance with the laws of this State and apply the laws to preserve the quality of medical care provided in Tennessee. It is the duty and responsibility of the Board to enforce the Tennessee Medical Practice Act in such a manner to promote and protect the public health, safety, and welfare in every practicable way, including disciplining medical doctors who violate the provisions of Tenn. Code Ann. § 63-6-101, et seq. and the Rules and Regulations promulgated by the Board and recorded at Tenn. Comp. R. & Regs. 0880-02-.01, et seq.

SECRETARY OF STATE

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Respondent, Douglas E. Jones, M.D., by his signature to this Agreed Order, waives the right to a contested case hearing and any and all rights to judicial review in this matter. Respondent agrees that presentation to and consideration of this Agreed Order by the Board for ratification and all matters divulged during that process shall not constitute unfair disclosure such that the Board or any of its members shall be prejudiced to the extent that requires their disqualification from hearing this matter should this Order not be ratified. Likewise, all matters, admissions, and statements disclosed or exchanged during the attempted ratification process shall not be used against Respondent in any subsequent proceeding unless independently entered into evidence or introduced as admissions.

Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of or to challenge or contest the validity of this Agreed Order. Respondent understands that by signing this Agreed Order, he is allowing the Board to issue its order without further process. Respondent acknowledges this is a formal disciplinary action and will be reported to the National Practitioner Data Bank (NPDB) and/or a similar agency. In the event the Board rejects this Agreed Order for any reason, it will be of no force or effect for either party.

I. Stipulations of Fact

1. Respondent has been at all times pertinent hereto licensed by the Board as a medical doctor in the State of Tennessee, having been granted Tennessee medical license number 18524 by the Board.

2. From January 18, 2012 until January 31, 2014 the Respondent held Tennessee Pain Management Clinic certificate number 87 and practiced in a pain management clinic in Memphis, Tennessee.

3. From June 6, 2014 until June 30, 2016 the Respondent held Tennessee Pain Management Clinic certificate number 482 and practiced in a pain management clinic in Memphis, Tennessee.

4. From December 2008 to March 2016, Respondent provided chronic pain management to multiple patients. In addition to providing chronic pain management to patients, Respondent also provided addiction treatment for multiple patients, some of whom were patients who also received chronic pain management care from Respondent. The Department conducted an investigation wherein the Department specifically identified from the Controlled Substance Monitoring Database and reviewed twenty-five (25) of Respondent's patient charts for which the Respondent provided chronic pain management. The Department's experts in the fields of pain management and addiction medicine both opined that the Respondent failed to meet the applicable standard of care with respect to twenty-one (21) of those twenty-five (25) patients.

5. Respondent prescribed controlled substances to some patients without conducting a physical examination of those patients.

6. The Respondent prescribed controlled substances to some patients without formulating a treatment plan tailored for the individual patient.

7. Respondent prescribed controlled substances to some patients without discussing the risks and benefits of the use of controlled substances.

8. Respondent failed to make appropriate, individualized diagnoses and/or failed to document adequate support for diagnoses sufficient to justify the treatment rendered and failed to integrate consultations, previous hospitalizations, and other medical information into the treatment plan for some patients.

9. Respondent failed to perform drug screens as frequently as medically required for some high-risk, high-dose patients, and when those tests were performed the Respondent often failed to obtain confirmation of those results, or obtained only limited confirmations of point-of-care testing.

10. For some patients, Respondent failed to properly address those screens that returned results inconsistent with the patient's prescription regimen and/or contained positive results for illegal drugs.

11. For some patients with a known history of addiction and/or suicide attempts Respondent failed to perform mental and psychological testing and screening prior to prescribing those patients controlled substances.

12. The treatment the Respondent provided some of his patients included prescribing narcotics and other medications and controlled substances in amounts and/or for durations not medically necessary, advisable, or justified for a diagnosed condition.

13. Respondent prescribed combinations of controlled substances to some patients, including the simultaneous prescriptions for opioids, benzodiazepines, and muscle relaxants to some patients, without a clear objective finding of a chronic pain source and/or other medical conditions to justify the ongoing and increasing prescribing. Respondent failed to see some patients as frequently as medically required given the patients' history, diagnoses (to the extent any diagnosis was made), and risk of abuse of controlled substances, as well as the given dose and frequency of controlled substances prescribed by Respondent.

14. Respondent prescribed methadone for the treatment of pain in quantities and for durations not medically appropriate for the treatment of pain for some patients.

15. In addition to the operation of his clinic as set-out in paragraphs 2 through 4 above, for all times relevant herein, Respondent saw high-risk patients admitted to one or more hospitals as a consultant to help manage their medications.

16. Neither expert retained by the Department opined that Respondent's care of patients seen on a consulting basis upon their admission to a hospital fell below the applicable standard of care.

II. Grounds for Discipline

The facts stipulated in the preceding section of this Agreed Order are sufficient to establish that grounds exist to discipline Respondent's medical license. Specifically, Respondent has violated the following statutes or rules that are part of the provisions of the Tennessee Medical Practice Act, (Tenn. Code Ann. § 63-6-101, et seq.) and Tenn. Comp. R. & Regs. 0880-02-.01, et seq. for which disciplinary action before and by the Board of Medical Examiners is authorized:

17. The facts stipulated in the Stipulations of Facts constitute grounds for disciplinary action against Respondent's license to practice as a medical doctor in the State of Tennessee pursuant to Tenn. Code Ann. § 63-6-214(b)(1) which authorizes disciplinary action against a Respondent who has engaged in unprofessional conduct.

18. The facts stipulated in the Stipulations of Facts constitute grounds for disciplinary action against Respondent's license to practice as a medical doctor in the State of Tennessee pursuant to Tenn. Code Ann. § 63-6-214(b)(12) which authorizes disciplinary action against a Respondent who is guilty of dispensing, prescribing, or otherwise distributing any controlled substance or other drug not in the course of professional practice, or not in good faith to relieve pain and suffering, or not to cure an ailment, physical infirmity or disease, or in amounts and/or for durations not medically necessary, advisable or justified for a diagnosed condition.

19. The facts stipulated in the Stipulations of Facts constitute grounds for disciplinary action against Respondent's license to practice as a medical doctor in the State of Tennessee pursuant to Tenn. Code Ann. § 63-6-214(b)(13) which authorizes disciplinary action against a Respondent who is guilty of dispensing, prescribing, or otherwise distributing to any person a controlled substance or other drug if such person is addicted to the habit of using controlled substances without making a bona fide effort to cure the habit of such patient.

20. The facts stipulated in the Stipulations of Facts constitute grounds for disciplinary action against Respondent's license to practice as a medical doctor in the State of Tennessee pursuant to Tenn. Code Ann. § 63-6-214(b)(14) which authorizes disciplinary action against a Respondent who prescribes a controlled substance or other drug to any person in violation of any law of the state or of the United States.

21. The facts stipulated in the Stipulations of Facts constitute a violation of Rule 0880-02-.14(7)(a) of the *Official Compilation Rules and Regulations* of the State of Tennessee entitled General Rules and Regulations Governing the Practice of Medicine and promulgated by the Tennessee State Board of Medical Examiners which authorizes disciplinary action as follows:

(a) Except as provided in subparagraph (b), it shall be a prima facie violation of T.C.A. § 63-6-214(b) (1), (4), and (12) for a physician to prescribe or dispense any drug to any individual, whether in person or by electronic means or over the Internet or over telephone lines, unless the physician, or his/her licensed supervisee pursuant to appropriate protocols or medical orders, has first done and appropriately documented, for the person to whom a prescription is to be issued or drugs dispensed, all of the following:

1. Performed an appropriate history and physical examination; and
2. Made a diagnosis based upon the examinations and all diagnostic and laboratory tests consistent with good medical care; and
3. Formulated a therapeutic plan, and discussed it, along with the basis for it and the risks and benefits of various treatments options, a part of which might be the prescription or dispensed drug, with the patient; and

4. Insured availability of the physician or coverage for the patient for appropriate follow-up care.

III. Policy Statement

The Tennessee Board of Medical Examiners takes this action to protect the health, safety, and welfare of the citizens of the State of Tennessee by ensuring physicians safely prescribe controlled substances in an informed and knowing manner. Furthermore, this action is taken to ensure physicians are vigilant in looking for and recognizing signs of aberrant behavior and substance dependence, thereby protecting the public.

IV. Order

NOW THEREFORE, Respondent, for the purpose of avoiding further administrative action with respect to this cause, agrees to the following:

22. The Tennessee medical license of Douglas E. Jones, M.D., license number 18524, is hereby placed on **PROBATION** for two (2) years, effective the date of entry of this Consent Order by the Board. Respondent acknowledges this probation is an encumbrance on his medical license. If Respondent is not compliant with the payment plan for the satisfaction of costs, as set-out in paragraph 31 herein below, the Board may extend Respondent's period of probation until he is compliant with that payment plan.

23. Respondent is permanently prohibited from owning, operating, or working at a pain management clinic from the date of adoption of this Agreed Order.

24. Respondent is permanently prohibited from owning, or serving as the medical director of, a medication-assisted treatment facility from the date of the adoption of this Agreed Order. Nothing in this paragraph will prohibit Respondent from being employed by a medication-

assisted treatment facility to provide physician services to patients in that medication-assisted treatment facility.

25. Respondent is permanent prohibited from prescribing controlled substances to any patient from the date of the adoption of this Agreed Order, except as specifically set-forth in the next two (2) paragraphs.

26. Respondent may prescribe controlled substances to patients for whom he provides consultation services while they are admitted to a hospital. Respondent may prescribe controlled substances to patients only during their time of admission to a hospital. Respondent may prescribe controlled substances to a patient upon his or her discharge from the hospital, but only to cover the thirty (30) days after the patient's discharge.

27. Respondent may prescribe buprenorphine and products containing buprenorphine, approved by the Food & Drug Administration for the treatment of opioid addiction, to patients solely for the treatment of addiction at a licensed medication-assisted treatment facility. Should Respondent prescribe buprenorphine and products containing buprenorphine as allowed by this paragraph, he must obtain practice monitoring as follows:

- a. Respondent's practice monitor must be approved in advance of the initiation of the practice monitoring by the Board's consultant.
- b. Every three (3) months, Respondent must have the greater of (i) ten (10) patient records for patients to whom Respondent prescribed buprenorphine or products containing buprenorphine during that period or (ii) ten percent (10%) of the patient records for patients to whom Respondent prescribed buprenorphine or products containing buprenorphine during that period. The practice monitor shall randomly select the patient charts to review and

may, at his or her discretion, review more than the minimum number required by this Agreed Order.

- c. Respondent shall comply with all recommendations of the practice monitor, including but not limited to limitations on prescribing, changes in charting practices, and additional training and continuing medical education.
- d. Respondent must cause the practice monitor to issue a report to the Board's Medical Director every three (3) months, with the first report being generated three (3) months after Respondent first begins prescribing buprenorphine and products containing buprenorphine as set out herein above. The report must, at a minimum, contain the practice monitor's findings with regard to Respondent's:
 - i. Compliance with the practice monitor's recommendations;
 - ii. Completion of any educational program ordered by the practice monitor; and
 - iii. Prescribing practices and medical record keeping.
- e. After eight (8) reports have been produced by the practice monitor to the Board's Medical Director, Respondent may petition the Board for permission to end the practice monitoring. The Board shall consider Respondent's petition and testimony, the content of the reports of the practice monitor and any other information provided by the practice monitor, and the report (oral or written) of the Board's consultant in determining whether to terminate the practice monitoring at that time. The Board is not required to terminate the practice monitoring upon petition by

Respondent, and it may place any requirements on Respondent it deems appropriate as a condition of terminating the practice monitoring.

- f. At any time, the Department may petition the Board to permanently prohibit Respondent from prescribing buprenorphine and products containing buprenorphine based upon the practice monitor's reports. The Board shall consider Respondent's testimony, the content of the reports of the practice monitor and any other information provided by the practice monitor, and the report (oral or written) of the Board's consultant in determining whether to permanently prohibit Respondent from prescribing buprenorphine and products containing buprenorphine.

28. At the expiration of the two (2) year probationary period Respondent is eligible to petition the Board for an Order of Compliance lifting the probation on his medical license. To have the probation lifted from his license, Respondent must file a petition for an Order of Compliance. As part of his petition for an Order of Compliance, Respondent shall appear personally before the Board at the time of making such request.

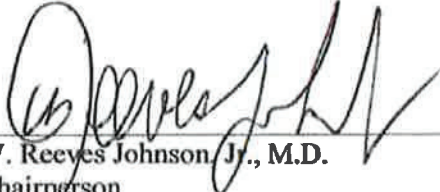
29. Respondent must pay, pursuant to Tenn. Code Ann. § 63-6-214(k) and Tenn. Comp. R. & Regs. 0880-02-.12(1)(j), the actual and reasonable costs of prosecuting this case to the extent allowed by law, including all costs assessed against the Board by the Division's Bureau of Investigations in connection with the prosecution of this matter. These costs will be established by an Assessment of Costs prepared and filed by counsel for the Division. The maximum amount for the assessment of costs shall be Ninety Thousand and No/100 Dollars (\$90,000.00). Respondent may enter into a payment plan with the Disciplinary Coordinator that completely satisfies the costs within seven (7) years.

30. Respondent understands this is a formal disciplinary action and will be reported to the National Practitioner Data Bank (NPDB) and/or a similar agency.

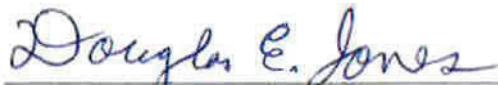
V. Notice

31. Any and all civil penalties and costs shall be paid in full in accordance with the payment plan agreed to between Respondent and the Disciplinary Coordinator as set-out in paragraph 29 herein above, but in no event longer than seven (7) years from the date of the Assessment of Costs, by submitting certified checks, cashier's checks, or money orders payable to the **State of Tennessee**, which shall be mailed or delivered to: **Disciplinary Coordinator, The Division of Health Related Boards, Tennessee Department of Health, 665 Mainstream Drive, 2nd Floor, Nashville, Tennessee 37243**. A notation shall be placed on said check that it is payable for the civil penalties and costs of Douglas E. Jones, M.D., case no. 201601980.


This **CONSENT ORDER** was approved by a majority of a quorum of the Tennessee Board of Medical Examiners at a public meeting of the Board and signed this 30th day of July, 2019.


W. Reeves Johnson, Jr., M.D.
Chairperson
Tennessee Board of Medical Examiners


APPROVED FOR ENTRY:


Douglas E. Jones, M.D.
Respondent
Tennessee Medical License No. 18524
4520 Fair Meadow
Memphis, Tennessee 38117

7/25/19
DATE


Samuel P. Helmbrecht (B.P.R. No. 023683)
214 Second Avenue North
Suite 300
Nashville, TN 37201
(615) 255-2191 (Phone)

7/25/19
DATE


David J. Silvas (B.P.R. No. 018223)
Assistant General Counsel
Office of General Counsel
Tennessee Department of Health
665 Mainstream Drive, 2nd Floor

7/30/19
DATE

CERTIFICATE OF FILING

This Order was received for filing in the Office of the Tennessee Secretary of State, Administrative Procedures Division, and became effective on the 31st day of July, 2019.


Richard Collier, Director
Administrative Procedures Division

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of this document has been served upon counsel for the Respondent, Samuel P. Helmbrecht, at 214 Second Avenue North, Suite 300, Nashville, TN 37201 by United States First Class Mail with sufficient postage thereon to reach its destination and via email at sam@watkinsmcneilly.com.

This the 30th day of July, 2019.



David J. Silvus
Assistant General Counsel
Tennessee Department of Health